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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cote d'Ivoire

Proposed UNFPA assistance:	$12.5 million, $10 million from regular resources and $2.5 million from multi-bilateral and/or regular resources
Programme period:	Five years (1997-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $)

	Regular resources	Other	*Total*
Reproductive health	5.5	1.0	6.5
Population & development strategies	2.5	.5	3.0
Advocacy	2.0	1.0	3.0
Total	10.0	2.5	12.5

96-30863

COTE D'IVOIRE

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	50.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	3.0	≥55
Access to basic health services (%)[3]	30.0	≥60
Infant mortality rate (/1000)[4]	92.0	≤50
Maternal mortality rate (/100,000)[5]	529.0	≤100
Gross female enrolment rate at primary level (%)[6]	40.9	≥75
Adult female literacy rate(%)[7]	26.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	14,253
Population in year 2000 (000)	16,761
Sex ratio (/100 females)	102.8
Per cent urban	43.6
Age distribution (%)	
Ages 0-14	49.1
Youth (15-24)	18.3
Ages 60+	4.3
Percentage of women aged 15-49	41.6
Median age (years)	15.4
Population density (/sq. km.)	44
Annual population growth rate (%)	3.2
Urban	4.7
Rural	2.0
Crude birth rate (/1000)	47.6
Crude death rate (/1000)	15.3
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.88
Life expectancy at birth (years)	
Males	48.6
Females	50.5
Both sexes	49.5
GNP per capita (U.S. dollars, 1994)	510

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Cote d'Ivoire achieve its population and development objectives. UNFPA proposes to fund the proposed programme in the amount of $12.5 million, of which $10 million would come from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15. This would be UNFPA's fourth cycle of assistance to Cote d'Ivoire.

2. The 1997-2001 programme proposal was formulated in close collaboration with national and international partners in the field of population and takes into account the development objectives set out in the President of the Republic's Programme Speech; the 1996-2005 National Health Development Plan; the Summary Report of the National Perspectives Plan: Cote d'Ivoire 2025; the June 1996 working document for the National Population Policy; and the conclusions and recommendations of the programme review and strategy development (PRSD) mission. The whole programme development process was carried out by nationals with technical assistance from the UNFPA country office and the UNFPA Country Support Team based in Dakar and the multisectoral PRSD mission of July 1996 composed of national and international experts. Programme activities would be coordinated with the planned operations to be undertaken by members of the Joint Consultative Group on Policy (JCGP) and with interventions being supported by bilateral and multilateral cooperation agencies and non-governmental organizations (NGOs).

3. In the long term, the overall objective of the programme is to ameliorate demographic trends in Cote d'Ivoire that adversely affect economic development. In order to achieve this, the proposed programme will support the Government in achieving its population and development objectives as reflected in the working document for the National Population Policy and other related policy documents, including reducing maternal and infant mortality and increasing the contraceptive prevalence rate. This will mean expanding the numbers of health districts in which UNFPA supports integrated reproductive health services in the context of supporting the Government's strategy of setting up a minimum package of activities in primary health care facilities. The programme will also undertake associated information, education and communication (IEC) activities in support of reproductive health as well as help the Government improve its capacity for population and development planning. In all aspects of the proposed programme UNFPA will support activities that improve the status of women and promote their empowerment.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Cote d'Ivoire has been grouped in category "A" under the Fund's new approach to resource allocation. While the nation's economy has been growing (the real gross domestic product increased by 1.7 per cent in 1994 and 6.5 per cent in 1995), this revival has not yet overcome the negative effects of the economic crisis of the past decade. With a population growth rate of 3.2 per cent, it is becoming increasingly difficult for Cote d'Ivoire to ensure such basic needs as health, education, employment and housing for its people. An estimated 49 per cent of the population is under 15 years of age. In addition, there is a rapid and recent urbanization process resulting in inadequate social infrastructure and the development of marginal urban areas. Cote d'Ivoire has also a large foreign population: 30.5 per cent of the population are migrants, and more than 326,000 refugees are living near the Liberian border. The total fertility rate is very high: an average of 6.9 children per woman, which is even higher in rural areas and among illiterate women. A total of 79.8 per cent of the nation's boys are enrolled in school, but only 65.1 per cent of its girls.

6. Cote d'Ivoire has one dispensary for every 10,000 inhabitants and one maternity clinic for every 14,100 women of reproductive age, but only 4 per cent of the nation's public health facilities provide family planning services; the contraceptive methods available in public health centres are oral and injectable contraceptives, IUDs and condoms. This imbalance is linked to an extremely low contraceptive prevalence rate: only 5.7 per cent among women in union and 3 per cent of all women of reproductive age. Although 60 per cent of Ivorian women express the need for protection against unwanted pregnancy, a substantial effort still has to be made towards educating men.

7. Despite this relatively good health network and staffing, the fact that most facilities do not include reproductive health services may explain the particularly high rate of maternal mortality: more than 50 per cent of childbirths are not assisted by trained health workers, 55 per cent of deliveries take place at home, the referral system for high-risk pregnancies is inadequate, and there are large numbers of illegal abortions, most of them conducted in poor safety conditions.

8. The country has also a high rate of early sexual experience, and health services for youth do not always respond to their specific health problems -- early unwanted pregnancy, abortions and sexually transmitted diseases (STDs). HIV/AIDS is becoming an increasingly critical public health issue. The number of AIDS cases recorded up to 1995 was 31,843, and HIV prevalence among pregnant women has increased from 10 per cent in 1986 to 16.2 per cent in 1996. Commercial sex workers have been particularly affected by the HIV epidemic. An estimated 35 per cent of girls aged 15-19 years and 44 per cent of women 45-49 years have undergone female genital mutilation. The nation's many refugees lack access to reproductive health services. In spite of efforts carried out by government and development agencies, the infant mortality rate remains high. The Government has allotted about $1.4 million for family planning activities and the prevention and treatment of STDs -- $600,000 in the recurrent budget and $800,000 in the investment budget.

Previous UNFPA assistance

9. UNFPA actively supported the preparation of the National Health Development Plan, which recognizes the importance of the country's district health structure and which introduces reproductive health into the minimum package of activities being carried out at the primary health care level. This plan constitutes a major tool for institutionalizing reproductive health. It is proving to be the most cost-effective method of achieving substantial reproductive health gains. The National Committee Against Harmful Traditional Practices, set up in 1996 as a result of a seminar organized by the Ivorian Association for the Defense of Women with the support of UNFPA and the Ministry for the Family and the Promotion of Women, is another important achievement.

10. The delivery of reproductive health services still requires the preparation of a global framework for reproductive health that includes youth and men. It will take considerable time to introduce the minimum package of activities in all districts, and an intensive planning exercise is needed to re-evaluate the needs in terms of reproductive health. Vertical programmes like the HIV/AIDS control programme need to be integrated into the new framework. Health spending still needs further rationalization to assure the provision of the minimum package of services to the mass of Cote d'Ivoire's population.

11. Better coordination of the activities of the various ministries and between the different donors regarding in the population field should be possible now that new institutional structures for the implementation of the National Population Policy and National Health Development Plan are in place. Because of the high illiteracy rate among women, particularly in rural areas, and the attitudes of some religious and traditional groups, IEC and advocacy efforts in the proposed programme will be focused on women's concerns: specifically on their health and status and, especially, on HIV/AIDS.

Other external assistance

12. Several international bodies work in the area of reproductive health in Cote d'Ivoire: the European Union; the German Gesellschaft für Technische Zusammenarbeit (GTZ), the United States Agency for International Development (USAID), French Cooperation, and Population Services International, which supports the social marketing of condoms. However, the withdrawal of USAID in September 1994 led to a premature demise of an agreement under which 33 new family planning centres were to be opened. In addition, before it withdrew, USAID was providing considerable assistance in the field of IEC in support of maternal and child health and family planning (MCH/FP). This assistance will be taken up again through a regional programme providing material in the area of peer education.

13. French Cooperation is providing assistance in the population education sector, while WHO is supporting AIDS prevention programmes. UNICEF has been particularly involved in the implementation of the minimum package of activities in nine districts. Several agencies have programmes in the educational area, and some of these include reproductive health IEC components.

Proposed programme

14. In Cote d'Ivoire UNFPA intends to contribute to the National Health Development Plan, to support the implementation of the National Population Policy, to promote a reproductive health action plan for youth, to encourage positive attitudes among the general public toward population and development issues, and to contribute to improving the status and conditions of women, especially in rural areas and in marginal urban areas. The Government has set national objectives of reducing maternal and infant mortality by approximately 50 per cent by 2008; increasing the contraceptive prevalence rate to 14 per cent by 2008; integrating reproductive health services in 100 per cent of primary health care units by 2005; and reducing the prevalence of STDs, including HIV/AIDS.

15. Reproductive health. The Government of Cote d'Ivoire has developed a National Health Development Plan that sets specific targets to be reached by 2008. UNFPA will assist the Government in its efforts to increase the contraceptive prevalence rate to 10 per cent and to lower maternal mortality from 529 per 100,000 live births to 400 per 100,000 by 2001. In this regard, UNFPA will support the introduction of reproductive health services in 100 additional service delivery points by 2001. The Fund will also work to expand and improve adolescent reproductive health services and support efforts to reduce the growing prevalence of STDs, including HIV/AIDS among women.

16. The fundamental strategy towards meeting these objectives will consist of expanding the network providing integrated reproductive health services in ten health districts and in the nine health districts being supported by UNICEF. The ten remaining health districts will be covered by a World Bank project. Specific strategies would aim at the effective integration of the reproductive health components within the minimum activities package; the development of community-based distribution and social marketing of condoms outside of health structures; the improvement of reproductive health, IEC, counseling and management skills for service providers at the health district level; and an increase in the number of birth deliveries attended by trained staff.

17. The proposed programme would help the Government develop a global framework for reproductive health that includes youth and men. It would support the incremental introduction of reproductive health services in 100 health services delivery points and the renovation of the referral maternities of 10 health districts, providing them with obstetrical equipment. The Fund will also work at expanding the range of available contraceptives in Cote d'Ivoire. The Fund also intends to give support to reproductive health NGOs active in the areas where refugees are located so that

reproductive health services are available in ten health centres where there are concentrations of refugees and to give reproductive health technical and counseling support to the health districts in the same areas.

18. In order to determine reproductive health needs, UNFPA will support qualitative and socio-behavioural research to identify obstacles and sociocultural determinants and/or impediments to the utilization of reproductive health services. Assistance will also be provided for a knowledge, attitudes, practice (KAP) survey on adolescent sexuality and fertility to develop a comprehensive plan of action on sexual health for youth, update the reproductive health management information system (MIS), and implement a demographic and health survey in 1999.

19. The overall objective of IEC activities in support of reproductive health in Cote d'Ivoire will be to create demand for reproductive health services. This will mean, for example, intensifying and increasing the use of extension workers to reach women living in marginal urban areas and rural areas and increasing the use of both traditional and modern mass communication media to disseminate reproductive health and population messages.

20. Population and development strategies. The proposed programme will work to strengthen institutional and technical capacity within Cote d'Ivoire to formulate, manage and coordinate population policies and programmes and to develop a plan of action to implement the National Population Policy. The proposed programme will support the Government in formulating a national plan of action for women, taking into account the results of the ICPD and the Fourth World Conference on Women and new research in the field of gender. As part of this strategy, a gender-disaggregated database needs to be developed and made accessible to all users.

21. To improve knowledge about population issues in Cote d'Ivoire, UNFPA's activities in data collection, research and analysis will be geared towards validating and adopting a statistical master plan, as well as completing an in-depth analysis of the migration survey, contributing to the implementation of the 1998 census. To assist in the ongoing improvement of population policies and programmes, UNFPA will aid in institutionalizing a consultation and coordination body open to all the partners involved in population programmes.

22. Advocacy. Under the proposed programme, UNFPA will provide support to the Government in working with community and political leaders in favour of expanding access to reproductive health services and will work with the Government, religious and traditional leaders, and NGOs in combating harmful traditional practices, including female genital mutilation. The proposed programme will also support the Government's efforts to advocate for improved reproductive health information and services for youth and in favour of girls' education.

Implementation, coordination and monitoring

23. Under the decentralization process, the District Medical Officer is responsible for all family planning activities in the health district and reports to the Regional Director. In carrying out the decentralization process, staff in offices at the regional and district levels will need training in the management of reproductive health services and programme supervision in order to put the National Health Development Plan of Action into effect. This will be a Government-executed process.

24. The Ministry of Planning and Industrial Development will coordinate activities under the proposed programme. A coordination group of external assistance agencies working in the area of population and reproductive health has been organized by the Ministry of Health to ensure efficient collaboration with the health district service facilities that are introducing the minimum package of activities. Monitoring and evaluation of the proposed programme will be planned in conjunction with national counterparts in the context of the implementation of the National Population Policy and according to the Fund's established policies and procedures.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Cote d'Ivoire as presented, in the amount of $12.5 million over the period 1997-2001, $10 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15.